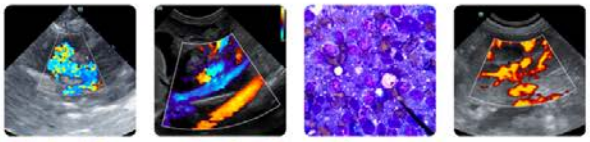


PATIENT

Reagan Cameron

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed Female

AGE

7 Years

WEIGHT

78 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Peter Langer, DVM

HOSPITAL NAME

North Hampton Animal Hospital

REFERRING VET

Christina Rocco, DVM

INVOICE

72208

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Chronic Iris stage 2 non-proteinuric renal disease. Previous ultrasound submitted to SonoPath on 8/21/24.

Abnormal PE/Chem/CBC/UA Results: Iris stage 2 non-proteinuric renal disease. Most recent BW (December 2025) shows: BUN 62 (HIGH) 6-31 mg/dL CREATININE 2.0 (HIGH) 0.5-1.6 mg/dL SDMA 20.3 (HIGH) <14.0 UG/dL UA: Small population of WBCs/RBCs and bacteria noted Previous ultrasound of kidneys in Aug 2024 showed mildly reduced corticomedullary distinction in both kidneys with small pinpoint mineralizations and mild left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The pyelectasia noted could be secondary to PU/PD/diuresis, mild pyelonephritis, less likely an obstructive process.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall appears normal with a smooth mucosal surface. In the trigone region there is a small amount of sandy appearing mineralized debris. The ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (6.17 cm) with pinpoint shadowing mineralizations and mild pyelectasia measuring 0.17 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.46 cm) with rare small pinpoint mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

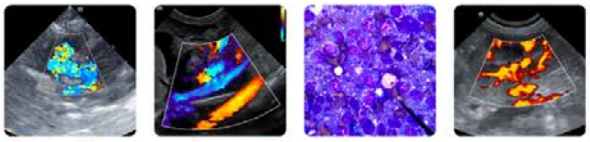
Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.59 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 1.27 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.0 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.55 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction and occasional small mineralizations visualized associated with both kidneys – Findings are consistent with mild age related renal changes.
-
- Sandy dependent echogenic debris visualized in the trigone region – Correlate with a free catch urinalysis and a sterile culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears very similar to the previous exam from 8/21/24. There is no evidence of progressive pyelectasia, significant stone development, etc. Findings are suggestive of chronic renal disease. Visual evaluation does not always correlate with the progression of renal disease based on lab work values.

If not recently done, consider blood pressure, urinalysis and culture to reassess.

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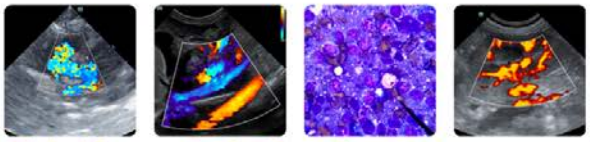

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Educational Teleconsultation Services™

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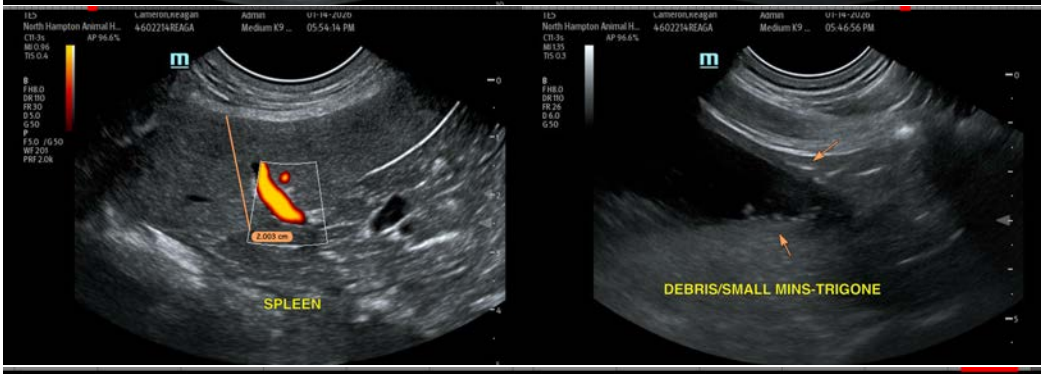

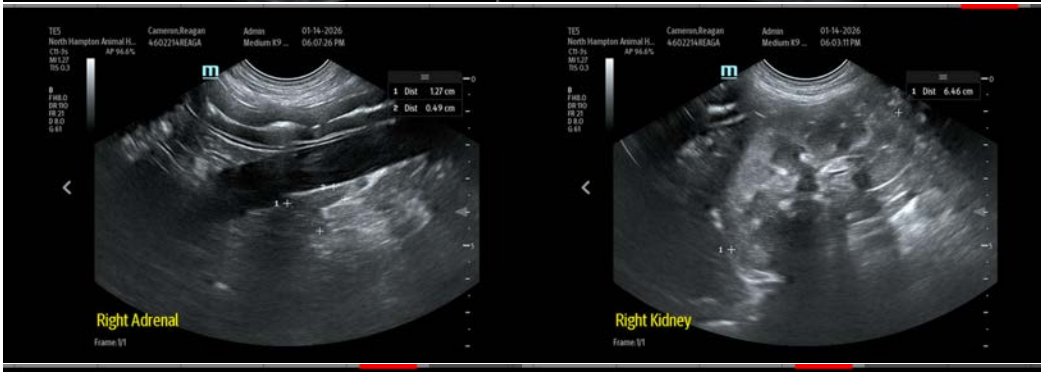

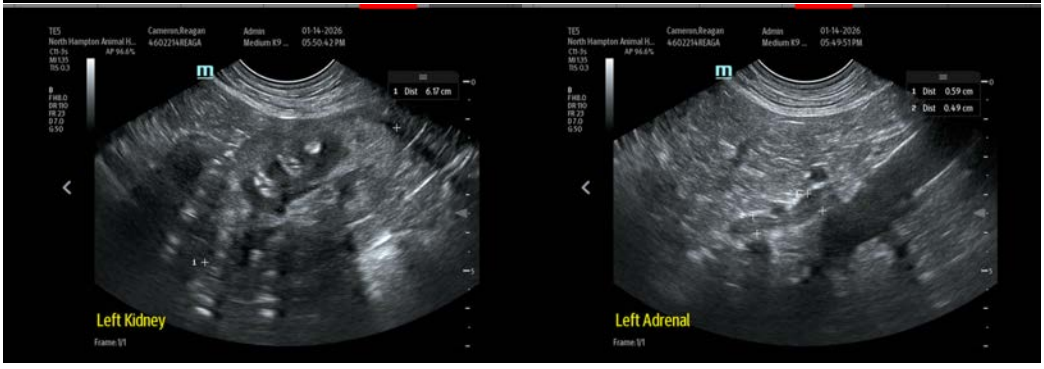

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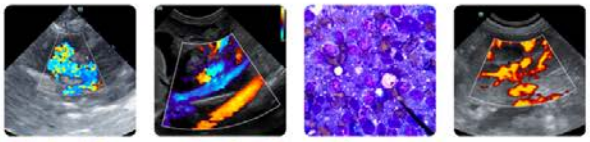

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com